

Danny Rhynes Interagency Training Center

602 S. Tippecanoe Ave.

San Bernardino, CA 92408 (909) 382-2984 Fax (909) 382-4192

Email: drtc@fs.fed.us

COURSE TITLE: SUDS – Special Uses Database Systems Training

HOW TO APPLY: Submit pre-registration form by March 7, 2011 to drtc@fs.fed.us

Maximum 28 participants

COURSE DATE: March 21-25, 2011

COURSE HOURS: 0900-1700 hours

COURSE LOCATION: Danny Rhynes Interagency Training Center, San Bernardino, CA

602 S. Tippecanoe Ave., San Bernardino, CA 92408

COURSE COORDINATOR: Kristel M. Johnson, San Bernardino National Forest Training Officer

INSTRUCTORS: Susan Barron, R5 SUDS Coordinator, Nancy Fleenor, Supervisory

Land Use Specialist

TUITION INVESTMENT: No charge

TARGET AUDIENCE: Employees who work with Special Use Permits of any type

 Recreation Officer, Permit Administrators, Lands and Special Uses Administrators or any other employees who may work with the

SUDS database.

COURSE OBJECTIVE:

- Learn how to begin with the application process through permit authorization for recreation and non-recreation special use permits
- Learn the application of the Cost Recovery Program; for both processing and monitoring application
- Identify when it is appropriate to utilize the Cost Recovery program vs. using a Collection Agreement as a way of securing financial resources from a proponent for the processing on an application
- NEPA analysis results in the issuance or amendment of a special use permit
- Database monitoring and servicing.
- Fee schedules and billing procedures/time frames for a wide variety of uses
 - o Community Sites
 - Organization Camps
 - o Recreation Residences
 - o Linear right-of-ways etc.

COURSE INQUIRIES: Contact Danny Rhynes Training Center at 909-382-2984 or email at

drtc@fs.fed.us

PRE-REGISTRATION FORM DANNY RHYNES INTERAGENCY TRAINING CENTER

FAX: 909-382-4192

ALL Blocks MUST be completed

Title:	SUDS – Special Uses Database Systems			Date:	March 21-25, 2011
Trainee Name			Email		
Agency:					
FS: For	rest:	District:			
Re	gion	Unit:			
Other Agency:			(Ranger Unit/Station)		
(County – City – C	DES – CHC Student – NPS – BLM – USCG / <u>Us</u>	e your three le	etter designato	<u>r</u> .)	
Work Address	:				
	(Mailing Address of your unit headquarte	ers.)	(City – State	– Zip Code)
Phone Number	r:		Fax Numl	ber:	
Supervisor Name/Title			Phone:		
Training Officer Name:			Phone:		

RETURN THIS FORM TO THE TRAINING CENTER BY COB:

March 7, 2011